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LETTER TO THE EDITOR

Response to letter to the editor by Jan Kühnisch

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We welcome Dr. Kühnisch's critique and the chance to comment on it. We see three main aspects to be commented on: (1) The generalizability or, vice versa, specification of our recommendations to health systems, dentitions, and individuals. (2) The use of cavitation, cleansability, lesion activity, and caries extent as decision parameters. (3) The application of what we termed "mixed interventions" for different dentitions and differing depth of lesions.

We would like to respond briefly as follows: (1) The recommendations attempted to provide decision principles which are widely applicable and independent from specific healthcare systems. Wherever possible, we tried to lay out dentition specific aspects and clarified the dentition as the modifier for decision making. The same applies to individuals of different (caries) risk. A recommendation paper such as ours and consented recommendations like those made are not very useful when they are too specific, as then they are rather highly granular and usually only applicable for specific healthcare situations and indications, and not generalizable any longer. It goes without saying that healthcare specific recommendations, for example, along with remuneration aspects, are beyond the scope of a document like ours. It was also clarified that national papers, possibly allowing more specific dedication to such aspects, will be or have been published. (2) The laid-out principles and decision parameters are those the group felt most suitable, applicable, and grounded in evidence (notably, and also clarified, usually not on strong levels of evidence). We would like to point out that if there was strong evidence, such a consensus statement would probably not be as relevant and required any longer, as the evidence "speaks for itself". Especially in areas where strong evidence is absent (and, for some questions, may remain absent indefinitely), clinicians may benefit from expert opinion. We also add that we agree with Dr. Kühnisch and his point

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about caries extent: Caries extent or experience has been found a relevant marker to assess caries risk and therefore its assessment is recommended. We included caries risk in our paper as a decision modifier. (3) Mixed interventions have been applied in a range of indications, e.g., Hall Technique in primary molars and non-restorative cavity control (NRCC) in both primary teeth and root caries in permanent teeth. We do not insinuate the application of both techniques beyond these indications. Moreover, we make very clear that the evidence supporting the Hall Technique is reassuring, while that for NRCC is rather weak and dentists should only carefully apply this measure. We welcome our recommendations being complemented by other statements or guidelines and do not necessarily see any contradictions. We highlight several points where decision making will be guided by a range of factors not reflected in such consensus statements, including further patient and tooth level factors, but also the dentist's experience and patient's expectations as well as health system contexts. Overall, we appreciate Dr. Kühnisch's comments, as they complement our recommendations and contribute to a constructive debate on this most important topic.

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Compliance with ethical standards

Conflict of interest The authors declare that they have no conflicts of interest.

Ethical approval This article does not contain any studies with human participants or animals performed by any of the authors.

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